

# **DILUTING THE MEANING OF LIFE AND DEATH**

by  
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# Abstract

Changes in semantics has diluted the meaning of abortion and euthanasia. Using political philosophy, this paper examines the treatment of terminology and linguistic choice and how they serve as a quiet catalyst for both movements. In the first chapter, the rhetorical question 'what is death' allows the readers of this thesis to ponder the finality of all that is living. The abortion chapter is chronologically structured beginning with an overview of state laws and national legislation criminalizing activity. Political movements, scientific advancements and new terminology are included and presented in a parallel manner. The euthanasia chapter reveals quite intriguing discoveries of priming and framing techniques. Research pertaining to historical connotations of good death and syntax was also conducted to expand this chapter.

Peer reviewed articles, Supreme Court cases, books on death and even one piece of strategic management research was used to develop the thesis. The results are fascinating and divulge a litany of terms, titles and phrases used to describe two words – abortion and euthanasia. The resounding sentiment in the United States at this point in time (circa 2020) is to follow the science. In contrast, there seems to be a loss of appetite when the science leads in a direction opposite a preferred ideological path. Immoral activity that may have seemed unreasonable yesteryear are now deemed reasonable, cost effective and moral today. What is most revealing about the research is the metaphorical greased hill, i.e. slippery slope that is and may possibly continue to lead to an unknown, dangerous place. As new terms are adopted to replace abortion and euthanasia, a chasm expands preventing a realistic connection to their purposed intent.

The aim of this paper is to make a cogent case to use plain language that agrees more to the actual procedural outcomes. Adoption of the language should be evident in research, legislation, associations, court rulings, clinical and legal practices and bureaucratic agencies. Among these entities and others, there must be an unequivocal acknowledgement that the result of abortion and euthanasia will always be hastened death.

Advisor: Dorothea Wolfson, Ph.D.

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This leads me to my final acknowledgment. My graduate application included a quote from President Woodrow Wilson. I now know that I had no clue about what he

meant. I have found my passion in administrative studies because of Professor Ken Masugi and his classes. His book recommendations were extremely beneficial and assisted me with this research. But more importantly, he introduced me to the American government. Ginsberg is right. Following the award of the Master of Arts in Government degree, I will pursue further research in this area.

# Dedication

This thesis is dedicated to my husband, Ikem Onyiliogwu. You recently obtained two degrees within one year apart and inspired me to pursue this goal. You helped me balance work, my new role in leadership and graduate courses with home life. It is because of your support that I was able to finalize my thesis during a global pandemic where we both became co-teachers to our 8 and 10 year old children.

I love you husband and am grateful to the Lord for you.

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# Introduction

Deliberate obsequence in avoiding the term death is common when discussing abortion and euthanasia. Yet, these two procedures end that which is living.

Participation by a physician is a requisite for achieving death through both. Semantical changes over time has transferred focus away from the outcome and affected decision making; however, language describing what occurs as a result of the procedures must agree more with science.

One school of thought with respect to the procedures is that the decision making is purely moral. Principles of right and wrong guide the debate and situate the problem within a confined religious or moral code. Just because someone can choose one of these procedures does not mean that they should. Christian apologetics clarifies that the procedures are morally wrong 'even though society says they are right. At the root of relativism is the desire to get rid of moral accountability. But no matter what the world believes, [Christians] are all accountable for keeping an absolute moral standard of a very real God or face a very real Hell, and [individuals] must [be] warn[ed] of that fact.'<sup>1</sup>

Life-as-blood also supports the morality frame and is based on instructions given through the Levitical Law. The ancient Hebrew law states that life is in the blood (Leviticus 17:11). The human fetus develops blood cells within 17 days of conception.<sup>2</sup> After birth, blood is indeed a necessary facet of life. Additional scriptures that speak to the moral school of thought are:

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<sup>1</sup> Comfort, R. (2020, March 24). "There Are No Moral Absolutes". Retrieved from <https://www.livingwaters.com/there-are-no-moral-absolutes/>

<sup>2</sup> LIFE BEFORE BIRTH: The development of the unborn child. (2019). *National Right to Life News*, 18.

a. Genesis 1:27 – No one should ever dishonor human life because of the sanctity of life

b. Deuteronomy 32:39; I Samuel 2:6 – God gives life and God takes life

Proponents of this view assert that thwarting the dying process interferes with God's authority.<sup>3</sup>

The Doctrine of Double Effect (DDE) was developed by Thomas Aquinas in the 13<sup>th</sup> century and is another moral justification.

'Nothing hinders one act from having two effects, only one of which is intended, while the other is beside the intention. Now moral acts take their species according to what is intended, and not according to what is beside the intention, since this is accidental as explained above (II-II:43:3; I-II:12:1).'

<sup>4</sup>

He theorized that harm purposefully applied in the case of self-defense is a means of noble action and is permissible. The doctrine emphasized that one action can have two effects.<sup>5</sup> The Moral Foundations Theory (MFT) was developed by a small group of Western social and cultural psychologist and examines five (5) moral domains<sup>6</sup>. Harm is one of those domains and categorized by 'cruelty, the suffering of others, and the virtues of compassion, caring, and kindness'.<sup>7</sup> In instances where a business hires an individual to perform a job that may bring harm to their or another's health or life, 'scholastic think[ng]....explicitly argue[s] that the bad effects [of an action] may be

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<sup>3</sup> Christian Life Resources. (2018) God Alone Has the Right to Initiate and Terminate Life: Answers.

<https://christianliferesources.com/2018/05/04/god-alone-has-the-right-to-initiate-and-terminate-life-questions/>

<sup>4</sup> Monge, R., & Hsieh, N. (2020). Recovering the Logic of Double Effect for Business: Intentions, Proportionality, and Impermissible Harms. *Business Ethics Quarterly*, 30(3), 361–387. <https://doi-org.proxy1.library.jhu.edu/10.1017/beq.2019.39>

<sup>5</sup> McIntyre, A. (2018). Doctrine of Double Effect. Retrieved from <https://plato.stanford.edu/entries/double-effect/>

<sup>6</sup> Wheeler, M.A., McGrath M.J., Haslam, N. (2019) Twentieth century morality: The rise and fall of moral concepts from 1900 to 2007. *PLoS ONE* 14(2): e0212267. 1-12. <https://doi.org/10.1371/journal.pone.0212267>

<sup>7</sup> Ibid, 2.

permitted only for a good reason (Logic of Double Effect or LDE).<sup>8</sup> In summary, proponents of DDE or LDE posit that certain actions whether good or harmful are morally acceptable.<sup>9</sup> Additional justifications include Death is Imminent or Near, Physician's Moral Obligation and non-maleficence.

Gilbert Meilaender wrote extensively on moral and ethical issues in his article 'Killing vs. Letting Die' - a great example of confusing terms used to describe both end of life procedures. Meilaender poses a question to his readers - who benefits from this manner of speaking? He uses the example of a physician who chooses not to administer care to a 'severely disabled newborn'<sup>10,11,12</sup> or to lethally inject the newborn.<sup>13</sup> To articulate, Meilaender differentiates between intentional actions versus deliberate inaction. If the intentional outcome is death, then what purpose is served in distinguishing between two, similar terms? Herein lies the debate for this particular school of thought. The science of duty is at the heart of moral ethics and guides choices. The Greek word for this term is deontology and addresses what ought to be done.<sup>14</sup>

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<sup>8</sup> Ibid.

<sup>9</sup> Jolly, Maggie & Marc Cornock. (2003). Application of the Doctrine of Double Effect in End Stage Disease. *International Journal of Palliative Nursing* 9:6: 240-244

<sup>10</sup> Smith, S. W. (2005). The killing of severely disabled newborns: The spectre behind the legalisation of physician-assisted suicide and euthanasia. *Medicine and Law*, 24(4), 791-802.

<sup>11</sup> Wilkinson, Dominic James. (2011). A life worth giving? The threshold for permissible withdrawal of life support from disabled newborn infants. *The American Journal of Bioethics: AJOB* vol. 11,2, 20-32. doi:10.1080/15265161.2010.540060

<sup>12</sup> Sade, Robert M. (2015). Can a physician ever justifiably euthanize a severely disabled neonate?. *The Journal of Thoracic and Cardiovascular Surgery* vol. 149,2, 532. doi:10.1016/j.jtcvs.2014.09.040

<sup>13</sup> Meilaender, Gilbert. (1993). Killing and Allowing to Die. *World & I* 8 (3), 384. <http://search.ebscohost.com.proxy1.library.jhu.edu/login.aspx?direct=true&db=f5h&AN=9307275534&site=ehost-live&scope=site>.

<sup>14</sup> Alexander, L., & Moore, M. (2016). Deontological Ethics., Retrieved from <https://plato.stanford.edu/entries/ethics-deontological/>

Aside from a moral compass perspective, abortion and euthanasia are viewed through the lens of politics. A litany of research on the political aspects of the procedures reflects a rights-based argument. The notion is that individuals are autonomous, possessing ownership over themselves. With regards to abortion, the woman controls all aspects of conception, i.e. ovulation, fertilization and its product – the human fetus. Autonomy is messaged on behalf of euthanasia as the right to select a personal death date and the manner in which death will occur. The terms deserving or choice are synonymous with both procedures and lay a foundation for esteeming self above all else. The technocratic view of autonomy and privacy espouses equality and has shaped the linguistic choice steered by public policy.

“Be careful when you make a policy, you may be stuck with it for a very long time” (*Guy Peters on New Institutionalism*). According to Schlager and Blomquist, the goal of political theory of policy process is ‘to explain how interested political actors interact within political institutions to either produce, implement and/or revise public policies’.<sup>15</sup> The implementation of a policy enables actors to either ‘respond to a perceived social problem or advance ones’ own political interests or career’.<sup>16</sup> In Federalist No. 51, James Madison explained the necessity of auxiliary protections, i.e. separation of powers (three federal branches) and lawmaking which was ascribed to the legislative branch. Notwithstanding, the change in abortion law did not come by the way of Congressional legislation. Gerald Rosenberg’s theory of dynamic court view may furnish a reason why. It implies that the court is ‘more effective than other

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<sup>15</sup> Schlager, Edella, Blomquist, William. (1996) A Comparison of Three Emerging Theories of the Policy Process. *Political Research Quarterly* 49:3, 653.

<sup>16</sup> Ibid, 652.

governmental institutions in producing significant social reform'.<sup>17</sup> His theory is based on *Brown v. Board of Education* and the unique role the Supreme Court played in establishing new policy for the United States. This school of thought was successful in creating a new right through *Roe* and has the greatest influence and potential for a similar right to euthanasia.

A third placement is within technology and terminology regarding death driven by scientific discovery. Discussing death is moot if life did not exist. Advancements in technology over time reveal information and clues about the origin of life and how it is knitted together from the beginning. One example is the use of ultrasonography. More widely known as fetal ultrasound, it is a commonplace imaging diagnostic tool used to detect and examine life inside the womb of an expectant mother.

The fascination of discovering information and designing new tools that allow the extraction, manipulation or analysis of information is evidenced by the innumerable volumes of scientific papers, research, business and manufacturing products. Both definitions of technology and technology dependence apply to the Father of the Ultrasound – Ian Donald. One consistent theme that emerged from technological literature is that Donald can be definitively credited for the production of ‘fetal ultrasound images called A-mode ultrasound’.<sup>18-19</sup> His 1959 invention is one example of technology accomplishing scientists’ objectives and globally allowing clinicians to achieve goals of investigation and analysis of the human fetus.

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<sup>17</sup> Rosenberg, G. N. (2008). *The hollow hope: Can courts bring about social change?* Chicago: University of Chicago Press. 5

<sup>18</sup> Woo, Joseph. (1998-2001). A short history of the development of 3-d ultrasound in Obstetrics and gynecology – Part 1 and 3. <http://www.ob-ultrasound.net/history3.html>

<sup>19</sup> Nicolson, Malcolm and Fleming, John E. E. (2013). *Imaging and Imagining the Fetus: The Development of Obstetric Ultrasound.* Baltimore: Johns Hopkins University Press. 144. <https://muse.jhu.edu/>

Two of these schools of thought are generally considered polar opposites. Often when debated, science and morality never mix.<sup>20,21,22</sup> This thesis argues that they do. They are complimentary and each one is epistemically close to the other. Although science cannot dictate which moral decisions to make, it can illuminate those decisions and clarify what has been blurred by semantics.

Language should agree more to the actual procedures than it does in reality. The thesis is presented in three areas – death, abortion and euthanasia. The common thread throughout the chapters is semantics and how changes in word meaning have moved the focus of the procedures further away from the reality of death. This gap between rhetoric and reality<sup>23</sup> has been filled with new phrases, words or crafted terminology that has diluted the meaning of both procedures which have a tremendous effect on life.

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<sup>20</sup> Kurth, C. (2013). What do our critical practices say about the nature of morality? *Philosophical Studies*, 166(1), 45–64. <https://doi-org.proxy1.library.jhu.edu/10.1007/s11098-012-0020-7>

<sup>21</sup> Haque, O. S. (2011). Moral Creationism: The Science of Morality and the Mutiny of Romantic Relativism. *Journal of Cognition & Culture*, 11(1/2), 151–187. <https://doi-org.proxy1.library.jhu.edu/10.1163/156853711X568734>

<sup>22</sup> Hesketh, I. (2018). John Robert Seeley, Natural Religion, and the Victorian Conflict between Science and Religion. *Journal of the History of Ideas*, 79(2), 309–329. <https://doi-org.proxy1.library.jhu.edu/10.1353/jhi.2018.0018>

<sup>23</sup> Wilson, J. Q. (1989). *Bureaucracy: What government agencies do and why they do it*. New York: Basic Books.199.

# Chapter 1 - What is Death?

*“It is appointed unto man once to die and then after the judgment.”*

*Hebrews 9:27*

One hundred percent of everyone that is living will at some point in time die.

Although people debate what occurs after death, overwhelming empirical and quantitative data yield evidence that the death rate is accurate. Death can generate feelings of dread, sadness, anxiety and even physical sickness as individuals personalize the term to their own moral status.<sup>24-25</sup> A pertinent query begs attention and an answer – what is death? Currently, an agreed upon definition does not exist in America and yields a substantial amount of ambiguity in the areas of medicine and law.<sup>26- 27</sup>.

Authors Veatch and Ross attempted to recommend a universally recognized definition in their book ‘Defining Death’. Uncertainty had been added to the death-definition-debate<sup>28</sup> due to the advent and success of organ transplants. Medical advancements created new questions of when human life was considered dead so that organs could be legally removed from the body with the expectation of supporting life in another. A report issued by the Harvard Medical School in 1968 provided one answer

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<sup>24</sup> Living with Anxiety: Understanding the role and impact of anxiety in our lives. (2014). *Mental Health Foundation*, 10. Retrieved from <https://www.mentalhealth.org.nz/assets/A-Z/Downloads/Living-with-anxiety-report-MHF-UK-2014.pdf>.

<sup>25</sup> Krause, Neal. (2018). A commentary on research on death and end of life issues. *The Journals of Gerontology: Series B*, Volume 73, Issue 4, 553–554. <https://doi.org/10.1093/geronb/gbx148>

<sup>26</sup> Lewis, A., Cahn-Fuller, K., & Caplan, A. (2017). Shouldn’t dead be dead?: The Search for a Uniform Definition of Death. *Journal of Law, Medicine & Ethics*, 45(1), 112–128.

<sup>27</sup> Bartlett, E. (1995). Differences between Death and Dying. *Journal of Medical Ethics*, 21(5), 270-276. <http://www.jstor.org/stable/27717632>

<sup>28</sup> Veatch, R. M., & Ross, L. Friedman. (2016). *Defining Death: The Case for Choice*. Washington, DC: Georgetown University Press. 11.

to the conundrum – brain dead. State legislatures, medical associations and legal associations adopted the recommendation which indicated that death occurs when brain function is lost.<sup>29</sup> Despite existing consensus, Veatch and Ross believed that Harvard did not offer enough reason for replacing the existing definition of blood circulation and breathing criteria. They observed an absence of the word permanent in the report. It only applied the word irreversible brain activity which resulted in a definition that was inconclusive for the medical profession and society. Those in the neurological profession would have to determine ‘how [to] measure [whether] the brain has been irreversibly destroyed’. Members of society would need to answer the question how to ‘treat an individual with a dead brain as a dead person’.<sup>30</sup>

The authors present information on what individuals do once death is determined. Executing a will, moving forward with probate, ending insurance, no longer administering medical treatment, returning unused medication to the pharmacy<sup>31</sup> and mourning the loss naturally proceed once someone is pronounced dead. A woman’s belly no longer expands, production of milk ceases and insurance is no longer required to support a delivery. Some mothers who have miscarried sell nursery furniture, have a funeral or memorial service – at times preceded by a naming ceremony. If a mother was receiving some form of treatment while pregnant but the fetus dies, then that treatment is discontinued. At times, criminal proceedings follow in instances where fetal homicide applies. These examples convey honest evidence revealing truth in actions following death.

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<sup>29</sup> Veatch and Ross, *Defining Death*, 2.

<sup>30</sup> Ibid.

<sup>31</sup> Proudfoot, S. (2017). The doctor who took on death. *Maclean’s*, 130(8), 52.



What is not clear are the semantics used to describe death. Veatch and Ross argue that as time has evolved, society faces a linguistic choice and this is nothing new. Language is set by those in medical, legal or business authority, on the street corner of an urban ghetto, in a rural town in Middle America, by the media, writers behind the scenes of a TV production or obscure individuals behind the screens of the cyber world. People choose terms that best apply to their worldview and desired outcomes.

“.....[T]he construction of narratives is well suited for influencing the interpretation of a process.....which is inherently temporal and characterized by an intense negotiation of meanings, with the aim of establishing a new reality in the minds of relevant audiences.”<sup>32</sup>

This literature was written about strategic change; yet, the text holds true for the advancement of any agenda or process that is geared toward a wider audience in need of acceptance, desiring a justification, reason or new reality. The linguistic choice to apply the term brain dead supports the need to advance complex legal and/or medical events resulting in possible death.

From a public policy perspective, euphemisms are used by the American polity. In his article ‘Euphemism as a Discursive Strategy in US Local and State Politics’, author Crespo-Fernandez states that politicians adopt a systematic method of speech and communication with the end goal of achieving ‘certain political, social or psychological aim’.<sup>33</sup> Death is a difficult topic to broach and requires a level of sensitivity when discussing with others. The term itself has a negative connotation.

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<sup>32</sup> Dalpiaz, Elena, Di Stefano. (2018). A Universe of Stories: Mobilizing Narrative Practices during Transformative Change. *Strategic Management Journal (John Wiley & Sons, Inc.)* 39 (3): 664–696. doi:10.1002/smj.2730.

<sup>33</sup> Crespo-Fernández, Eliecer. 2018. “Euphemism as a Discursive Strategy in US Local and State Politics.” *Journal of Language & Politics* 17 (6): 790. doi:10.1075/jlp.17040.cre

“What is not discussed, and instead denied or avoided, is quickly removed or at the very least diminished, from our cultural consciousness.”<sup>34</sup> This statement mirrors the fictional desensitization of death in Aldous Huxley’s *Brave New World*. If it is of political or economic benefit to avoid a particular word or alter meaning, then according to research, the term death and choices leading to it could become deadened within a society. Or the very term could lose its meaning. Based on collective human sentiment, death craves a euphemism to become more acceptable. Dilemmas, be that as it may, ensue for a society when ‘language or terms, [e.g. death,] are nuanced to get to a desired end’.<sup>35</sup>

### 1.1. Good Death

The ‘good death’ concept is an example of linguistic choice and is of Greek origin. Increased interest in this theory in America arose from the euthanasia and hospice movement<sup>36</sup>. The Institute of Medicine surveyed patients, family members and health care providers and concluded that a good death is:

"Free from avoidable distress and suffering for patient, family and caregivers, in general accord with the patient's and family's wishes, and reasonably consistent with clinical, cultural and ethical standards."<sup>37</sup>

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<sup>34</sup> Sexton, James. (1997). The Semantics of death and dying: Metaphor and mortality. *ETC: A Review of General Semantics* 54(3), 333.

<sup>35</sup> Parshall, Janet. (2019, July 18). In Death on Demand: Spiritual State of the Union. In the Marketplace with Janet Parshall [Radio Broadcast]

<sup>36</sup> Meier, Emily A et al. (2016). Defining a Good Death (Successful Dying): Literature Review and a Call for Research and Public Dialogue. *The American Journal of Geriatric Psychiatry : official journal of the American Association for Geriatric Psychiatry* vol. 24(4), 2. doi:10.1016/j.jagp.2016.01.135

<sup>37</sup> Ibid, 2.

Good death is currently applicable to end of life procedures for adults and entails treatment or withholding of treatment. For years, there existed very few studies on good death for children. Recent literature is peaking through in 2020 examining how good death experiences can be created for families of children in pediatric intensive care units (PICU). The author of one study researches ways to create rewarding memories and honor the soon-loss of a child.<sup>38</sup> Good death is now a consideration for what families do and how time is spent with a child prior to their death. The article goes on to explain that the concept of good death is necessary to establish best practices for the care of dying PICU patients and is an example of the start of new terms being applied to an existing process, experience or medical care procedure.

Very little if any literature exists on good death being applied to a fetus in utero. But, numerous legislative acts recognize the status of a fetus in utero and legal action that can be taken if that life is killed. At least 38 states have fetal homicide laws.<sup>39</sup> It is illegal in 39 states to end the life of an adult human being at his or her request because of an incurable disease or pain.

#### *1.1.1. Death by Euthanasia and Physician Assisted Suicide*

Secobarbital and Pentobarbital are the medications most commonly prescribed for physician assisted suicide. The medication can be ingested via a 9g capsule or 10g liquid. Physicians can also perform euthanasia by lethal injection in Canada. A personal account of a Canadian physician hired to hasten death reveals that patients are

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<sup>38</sup> Broden, E. G., Deatrick, J., Ulrich, C., & Curley, M. A. Q. (2020). Defining a “Good Death” in the Pediatric Intensive Care Unit. *American Journal of Critical Care*, 29(2), 111–121.

<sup>39</sup> National Conference of State Legislatures. (2018, May). *State Laws on Fetal Homicide and Penalty-enhancement for Crimes against Pregnant Women*. <http://www.ncsl.org/research/health/fetal-homicide-state-laws.aspx>.

instructed to consume clear fluids before the procedure. On the selected death date, the physician administers a sedative that ‘begins the death process by inducing unconsciousness’ followed by a dosage of medicine that stops the heart.<sup>40</sup> An unknown number of clinicians have used the procedure in the U.S.

### 1.1.2. *Death by Abortion*

From conception to nine (9) weeks gestation, Methotrexate and Misoprostol (MTX) can be used to end that which is living inside a mother’s womb. The technique involves the ingestion of a prescribed pill introduced in France in the 1980s and later utilized in the United States, also known as RU-486. A second method for ending the life of the human fetus is through a Manual Vacuum Aspiration (MVA). “This procedure is used as early as 3-12 weeks since the last menstrual cycle. A third method used during the first trimester is Aspiration which is a surgical technique that can also be referred to as suction curettage, dilation and curettage (D&C) or vacuum aspiration”.<sup>41</sup>

In the second trimester, an induction procedure can be performed on an expectant mother using salt water, urea or Potassium Chloride which is injected into the amniotic sac. Literature on this topic describes ‘intracardia KCl (Potassium Chloride) as an effective and safe method for induced fetal demise guided via sonographically’<sup>42</sup> and

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<sup>40</sup> Proudfoot, S. (2017). The doctor who took on death. *Maclean’s*, 130(8), 52.

<sup>41</sup> Note: this citation was obtained on July 2, 2019 from the American Pregnancy Association. The date of publication was January 27, 2017. On October 17, 2020, a search for this citation was made but could not be located. Surgical Abortion Procedures: Types, Side Effects and Risks. (2017). *American Pregnancy Association*. Accessed July 02, 2019. <https://americanpregnancy.org/unplanned-pregnancy/surgical-abortions/>.

<sup>42</sup> Sfakianaki, Anna K., David, Katherine J., Copel, Joshua A., Stanwood, Nancy L., and Lipkind, Heather S. (2014). Potassium Chloride-Induced Fetal Demise. *Journal of Ultrasound in Medicine* 33, no. 2, 337-41. doi:10.7863/ultra.33.2.337.

injected into the fetal heart to terminate the pregnancy or achieve a safe feticide<sup>43</sup>.

Feticide can be defined as the 'act of causing the death of a fetus' (Merriam-Webster Online Dictionary). The Cambridge English Dictionary defines it as the crime of killing a baby that has not yet been born.

The third trimester requires a different procedure due to the size of the human fetus resulting in his or her death. The procedure executed is an Intrauterine Cranial Decompression. Justice Thomas in his dissent of the *Stenberg v Carhart* case restates the procedure by citing the AMA Report of the Board of Trustees on Late-Term Abortion. The physician dismembers the fetus 'one piece at a time'.<sup>44</sup> The following are excerpt testimonies of Drs. Carhart, Hodgson and Stubblefield recalled by the Supreme Court Justice:

The doctor grabs a fetal extremity, such as an arm or a leg, with forceps and "pulls it through the cervical os ... tearing ... fetal parts from the fetal body ... by means of traction." In other words, the physician will grasp the fetal parts and "basically tear off pieces of the fetus and pull them out." (testimony of Dr. Hodgson) ("[Y]ou grasp the fetal parts, and you often don't know what they are, and you try to pull it down, and its ... simply all there is to it"). The fetus will die from blood loss, either because the physician has separated the umbilical cord prior to beginning the procedure or because the fetus loses blood as its limbs are removed. When all of the fetus' limbs have been removed and only the head is left in utero, the physician will then collapse the skull and pull it through the cervical canal. At the end of the procedure, the physician is left, in respondent's words, with a "tray full of pieces." App. 125 (testimony of Dr. Carhart).<sup>45</sup>

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<sup>43</sup> Kaur R. Goel B., Sehgal A, Goyal P., Mehra R. (2018) Feticide with Intracardiac Potassium Chloride to Reduce Risk of Hemorrhage in Medical Termination of Pregnancy. *J Gynaecol Women's Healthcare* 1:102

<sup>44</sup> *Stenberg v. Carhart* (99-830) 530 U.S. 914 (2000)

<sup>45</sup> *Ibid.*

It is not clear in existing literature whether analgesics are administered to the fetus to reduce pain prior to death. Due to developments in modern science, identifying the location of life in the womb is more accurate and death is more clearly seen because of it.

## 1.2. Death Debate Continues

Veatch and Ross's book was written in 2016. A discovery three (3) years later yielded outcomes of 'scientists restoring microcirculations as well as other molecular and cellular function of pig brains'.<sup>46</sup> This brings into question the accuracy of irreversible brain function and reflects their issues expressed about the Harvard death definition.<sup>47</sup> Even '[t]he President's Commission for the Study of Ethical Problems in Medicine and Biomedical and Behavioral Research recognized that it was imperative that the definition of death be identical throughout the United States'.<sup>48</sup> To date, it is not and remains elusive.<sup>49</sup>

"Most people have this notion that you're recognizably alive and then you're recognizably dead....."<sup>50</sup> Dr. Schiavi made this comment during a Johns Hopkins panel discussion on brain death and its definition. Extrapolating this one comment and applying it to the thesis reveals a possible answer to how semantics has been successful in blurring the lines about death. Death in the womb was not recognizable or

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<sup>46</sup> Booker R, Bruce A. (2020). Palliative sedation and medical assistance in dying: Distinctly different or simply semantics? *Nursing Inquiry* 27:e12321. 2. DOI: 10.1111/nin.

<sup>47</sup> Ibid.

<sup>48</sup> Lewis, Cahn-Fuller, and Caplan, A. (2017). Shouldn't Dead Be Dead? 124.

<sup>49</sup> Youngner, S. J., Arnold, R. M. (2001). Philosophical Debates About the Definition of Death: Who Cares? *Journal of Medicine & Philosophy*, 26(5), 527–537. <https://doi-org.proxy1.library.jhu.edu/10.1076/jmep.26.5.527.3002>

<sup>50</sup> Nitkin, Karen. (2017). The Challenges of Defining and Diagnosing Brain Death. <https://www.hopkinsmedicine.org/news/articles/the-challenges-of-defining-and-diagnosing-brain-death>

easily decipherable before technological advancements. Life-sustaining scientific developments now cause confusion. What can be agreed upon is that death will occur to everything that is living. When death occurs, by what means and semantic integrity is the heart of the controversy.

## Chapter 2 - Abortion

It can be argued that one way death occurs in the womb is through abortion. The discussion about death is at times inconsequential to politics, morals and private interest. Semantics has played a major role in elevating these issues above death. Although, modern science can equalize the discussion by reinserting the term as the appropriate outcome of the procedure. This next chapter organizes the issue around the chronology of laws, political actors and the development of technology and terminology.

Congress enacted the Comstock Law in 1873. The law expanded the 1865 act which prohibited the use of the postal system to transmit 'any obscene book, pamphlet, paper, writing, advertisement, circular, print, picture, drawing, figure or other article of an immoral nature by including the prohibition of any drug or medicine used to prevent conception or causing unlawful abortion'.<sup>51</sup> The act was added to the Penal Code Section 211 and imposed fines and imprisonment on anyone found guilty. Considering the Ecclesiastical admonition that 'there is nothing new under the sun' or the infinite regress theory,<sup>52</sup> it is not surprising that the Comstock Act was not the point of origin for abortion laws in the United States. Connecticut was the first. In 1821, its State legislature enacted a law that made it illegal to attempt to end the life of a fetus by poison after quickening.<sup>53</sup> Additional states followed and passed similar legislation.

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<sup>51</sup> What Congress Has Done to Date About Birth Control Legislation. (1931). *Congressional Digest*, 10(4), 100–101.

<sup>52</sup> Kingdon, J. W. (1995). *Agendas, alternatives, and public policies*. 2nd ed. New York: HarperCollins College Publishers.

<sup>53</sup> Stern, L. G. (1968). Abortion: Reform and the Law. *Journal of Criminal Law, Criminology & Police Science*, 59(1)



One interesting parallel event was the observation of U.S. Senator and former postmaster Jacob Collamer.<sup>54</sup> He informed a colleague in 1865 of the increase in lewd materials being circulated via official U.S. mail. To say that Collamer's remark was pivotal in passing the Comstock Act would be an overreach. Nevertheless, it serves as a historical anecdote to the activity transpiring within the postal office. It also revealed targeted action by Congress within its limited sphere of legislative power to enact laws. Congress later amended section 305 of the Tariff Act of 1922 to prohibit the importation of drugs, medicines and articles for causing unlawful abortions.<sup>55</sup> In short, abortion was prohibited wholesale and the acts of those involved were unlawful.

## 2.1 Unsettling Developments

Abortion law in America was settled. It was deemed to be a criminal offense to end the life of a human fetus in utero. Congress, the legislative branch of the federal government attempted to point the country in one direction – away from obscene literature and methods that prohibited conception and promoted abortion. In the opposite direction was an alternative voice emerging to reverse the legal course. The criminalization of all activity including birth control methods administered by physicians or the procurement of abortions posed a problem because more and more certified physicians performed these activities. Physicians desired to decriminalize the act. In 1925, the American Society of Gynecologist and Obstetricians and the Gynecological Section of the American Medical Association passed resolutions that favored amending

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<sup>54</sup> Megan, B. J., & Ronald, S. A. (2020). The United States Postal Service: An American History. (*United States, United States Postal Service, Office of the Historian, Government Relations and Public Policy*). Washington, DC: Publication 100. p.192

<sup>55</sup> (1931). What Congress has done to date about birth control legislation. *Congressional Digest*, 10(4), 100.

the law allowing physicians to give contraceptive information to patients.<sup>56</sup> The doctor's bill was later introduced in 1931 and this group was a proponent.

Other political actors and special interest groups also preferred the bill. Guy Irving Burch, Secretary for the Committee on Birth Regulation and Cooperation with Physicians of the American Eugenic Society advocated for the amendment on behalf of eugenicists and medical men.<sup>57</sup> A resident of New York City, Burch was of the opinion that population could be controlled rationally and eugenically based on his observations of some foreign countries. He said that when physicians give information to their patients, the results are low death rates, low infant mortality, less poverty, better housing and fewer crimes.<sup>58</sup> Reverend Charles Francis Potter was another champion who believed that birth control was 'better for the community....it tended to prevent abortion and avoided the potential circumstance where desperate wives who know the addition of another child to the family will mean disaster'.<sup>59</sup> Policy development literature reveals that the creation of policy can occur through external interest groups and consultants who have the ability to advance negative agenda setting. The efforts of individuals and associations like these and countless others set a new direction to influence policy change.

## 2.2 Coining a New Term

Research reveals that the narrative among the special interest groups and their use of language shaped ideas leading up to the 1973 Supreme Court ruling. The term

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<sup>56</sup> Sanger, M. (1931). *Congressional Digest*, 10(4), 106.

<sup>57</sup> Derry, G. H. (1931). *Congressional Digest*, 10(4), 113.

<sup>58</sup> *Ibid.*

<sup>59</sup> *Ibid.*

birth control did not appear in the Comstock Act – only abortion and drugs or medicine that prevented contraception. Due to the skillful communication of another supporter of the doctor's bill, this term became widely known within a decade of its initial use in the early 1900s. The person who coined birth control was a resident of New York City, travelled the country and the world to voice concerns dealing with the lack of access to contraception and abortion. Married to James Noah Henry Slee and mother of three, Margaret Sanger galvanized the medical profession, religious groups, philanthropic and fiscal support from the likes of FDR's aunt and international funders.<sup>60</sup> Sanger was also able to secure two presidents (Truman and Eisenhower) to serve on her organization's nationwide campaign.

Birth control was defined differently during the 1920s. Some associated the term with voluntary parenthood while others believed it to be mental hygiene.<sup>61</sup> Sanger defined it as 'the hygienic, scientific and harmless control of procreative powers'.<sup>62</sup> In a 1926 article, it is insinuated that her efforts deter from the arguments for voluntary conception or the right to knowledge.<sup>63</sup> A review of the book *Birth Control: Facts and Responsibilities* published in 1925 mentions a growing, international focus of population control through the newly coined phrase birth control. In his review, A. B. Wolfe stated that Margaret Sanger 'and others have laid great stress on the eugenic benefits [of population control] to be derived'.<sup>64</sup> He goes on to quote her belief that 'birth control (contraception?) will prevent the procreation of [the] feeble-minded!'.<sup>65</sup> The intertwining

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<sup>60</sup> Birth Control's 21st. (1935). *TIME Magazine*, 25(7), 36–39.

<sup>61</sup> Wolfe, A. B. (1926). Population and Migration. *American Economic Review*, 16(4), 721–724.

<sup>62</sup> Ibid.

<sup>63</sup> Ibid, 721.

<sup>64</sup> Ibid.

<sup>65</sup> Ibid, 722.

of the terms may appear immaterial to some but evident to Wolfe as he acknowledges that Sanger does not clarify in her papers how prevention will occur. Sanger was a protagonist of ethnic cleansing. She used birth control for sterilization purposes and desired to eliminate communities that were in her opinion inferior. She had a goal to attain a superior race.

In a [letter](#) written to Dr. C.J. Gamble of Milton, Massachusetts, Sanger stated that 'We do not want word to go out that we want to exterminate the Negro population and the minister is the man who can straighten out that idea if it ever occurs to any of their more rebellious members'.<sup>66</sup> Sanger was referencing the Negro Project of the South and the importance of training Negro ministers 'as to [her organization's] ideals and the goal that [they] hope to reach'.<sup>67</sup> Death prevents the continuation of life. Death is a result of a life being exterminated and abortion is a process to carry out this act within a people group. This was her primary agenda. Yet, through careful, muddled messaging, the major agenda was quietly shifted to the minors and served as an undertone to advancing birth control.

The narrative was well received and promoted within the black community through publications such as Ebony magazine, a journalistic periodical highlighting the life and experiences among Negro Americans in the 1940s. A 6-page article in the magazine paints a dichotomy of two women – one with 9 children living in a rat infested flat in New York City; the other with two children perfectly spaced and planned, residing

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<sup>66</sup> Bennett, C. (2020, January 30). Discovering Abortion's Impact on the Black Community Moved Me From Apathy to Action. Retrieved 2020, from <https://www.focusonthefamily.com/pro-life/discovering-abortions-impact-on-the-black-community-moved-me-from-apathy-to-action/>

<sup>67</sup> Ibid.

just a few blocks away.<sup>68</sup> *Ebony* starkly contrasted the women through photography and text - one destitute, full of despair, hungry, living in filth; the other smiling, in a clean home, well dressed, hair perfectly coiffed and pictured with her husband. Note – both women had husbands; only one was pictured with hers. The imagery of the two women and the portrayed economic impact resonated with the community. Little did those readers know in 1948 that the success of Sanger's agenda would result in abortion access to low income communities, many of which are highly populated by Black Americans.<sup>69</sup> It also became a leading organization that uses the abortion procedure to end the lives of over 16 million Negro or black human fetuses in utero to date.<sup>70</sup> The black race was not exterminated but the outcomes of the Sanger messaging result in annual continual death of this demographic.

### 2.2.1 *Abortion Chronology*

Pausing here to recount the timeline is useful to this discussion and clarifies legislative action, external political activity and opinions. In summary<sup>71</sup>:

- 1873 – The Comstock Act amended the penal code prohibiting the use of mail to promote conception prevention or abortion procurement.
- 1909 – Congress forbade the importation or interstate transportation of obscene literature.

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<sup>68</sup> (1948). *Ebony*, 3(9), 13.

<sup>69</sup> Parker, S. (2015). *The Effects of Abortion on the Black Community* (Policy Report). Center for Urban Renewal and Education.

<sup>70</sup> Black Abortion Statistics. (2020, April 28). <https://rtl.org/multicultural-outreach/black-abortion-statistics/>

<sup>71</sup> What Congress Has Done to Date About Birth Control Legislation. (1931). *Congressional Digest*, 10(4), 100–101.

- 1914 – Margaret Sanger initiated challenges to the Comstock Act by offering two alternatives - 1) the unlimited bill or 2) the doctor's bill.
- 1922 - Section 305 of the Tariff Act of 1922 was amended to prohibit the importation of drugs, medicines or articles for causing unlawful abortions.
- 1923 – The 'unlimited bill' was introduced in the House and Senate (through efforts of the voluntary Parenthood League under the leadership of Mary Ware Dennett, Director). The bill died in committee.
- 1924 – The unlimited bill was reintroduced as the Cummins-Vaile bill; it died in committee.
- 1925 – Two medical groups passed resolutions favoring the Comstock Act amendment.
- 1929 - The National Committee on Federal Legislation for Birth Control was founded with Margaret Sanger as chairman.
- 1930 - Senator Frederick Gillett (R) Massachusetts introduced the limited or doctors bill (S. 4582).
- 1931 – Invited speakers addressed Congress on the aspects of the bill (7 were in favor; 17 opposed).

Dr. George Herman Derry expressed his opinions on Senate Bill 4582 and stated that “an exaggerated concern for the welfare of the individual often leads the so-called social reformer into the sponsorship of the most ill-advised programs”.<sup>72</sup> He believed that supporters of the bill desired elimination not propagation. Further analysis of his comments questions his sincerity of the individual and life of the unborn or possible self-

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<sup>72</sup> Derry, G. H. (1931). *Congressional Digest*, 10(4), 113.

interests motivated by profits, interest, rents and wages. Dr. Derry admonished Congress to take great care in investigating all aspects of the bill prior to finalizing action. He and others felt that the doctor's bill would 'open the floodgates to all kinds of pornography and obscene literature'.<sup>73</sup> In 1931, the bill died in committee and the 71<sup>st</sup> Congress convened.

### 2.3 Surmounting Tensions

America's abortion journey is unique and more than just a timeline. What led to the development of a constitutional right through the judicial branch was opposition to the original law, divergent movements and capricious sentiments and semantics used by various actors. These groups entailed academia, medical, religious and social entities that debated the procedure and pulled the country in distinct directions. In the 1931 Congressional Digest, it was noted that birth control and/or abortion were becoming more favorable. Seven years later, the American Medical Association (AMA) recommended the spreading of information concerning contraception by physicians. Social scientists began appearing in journals in the same decade. They referenced the 'psychological effects mothers would experience if they did not have access to the [abortion] procedure'<sup>74</sup> and birth control. This group had influence in 'liberalizing indications for therapeutic abortions'.<sup>75</sup> Research scientists in the field of national demography at Duke University in 1940 recommended a redefining of the emerging term 'success in life' to include 'familial values, race replacement, and the obligation not

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<sup>73</sup> Ibid.

<sup>74</sup> Turkel, H. W. (1958). Abortion in the United States. *California Law Review*, 46(4), 655. <https://doi-org.proxy1.library.jhu.edu/10.2307/3478683>

<sup>75</sup> Ibid.

to pursue individual interests to the detriment of the commonwealth'.<sup>76</sup> They believed that ideas of family replacement should not rest on 'efforts to suppress contraception but through cultural reforms suited to reorient the position of the individual to the community and its truly collective ends'.<sup>77</sup>

New approaches to the conversation, shifts in public opinion and language signaled a stronger coalescent to solidify a path to legal abortion. One specific example is the Swedish Law Abortion of 1938. The law permitted abortions based on instances of rape, potential insanity, mental deficiency or serious physical disease.<sup>78</sup> It was amended in 1946 to permit abortions based on economic and social conditions of the pregnant woman. Attendees of the 1955 conference hosted by the Planned Parenthood Federation in America found the Swedish legal text of value. Scandinavians and Swedish practices were the keynote topic for the event and focus of a new tactic – therapeutic abortions.<sup>79</sup> Information pertaining to the conference is captured in the 1958 book entitled 'Abortion in the United States' by Mary Steichen Calderone. Two different reviews of her book, one of which was scribed by Henry W. Turkel, M.D. noted that of the 43 attendees (specialists in obstetrics, psychiatry, public health, educators, religious leaders and sociologist), members of the legal profession were not present.

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<sup>76</sup> Spengler, J. J. (1941). Population policy in the United States: The larger crisis in American culture. *Vital Speeches of the Day*, 7(6), 177-180.

<sup>77</sup> Ibid.

<sup>78</sup> Swedish law on abortion: Act relating to the termination of pregnancy. (1939). *The Eugenics review*, 31(2), 109–110.

<sup>79</sup> Turkel. (1958). Abortion in the United States.



## 2.4 Developing Science

Scientists were also not mentioned in the Turkel review which is quite interesting. Scientific discovery was emerging and running parallel to the abortion focus during the mid-20<sup>th</sup> century. Mapping the development of technology and its history are salient to this thesis. Ian Donald's 1959 invention of the fetal ultrasound lends proof to a few '.... flat statement[s] of certain basic facts'<sup>80</sup> relating to the subject du jour extinguished through abortion. For instance:

"Every human being alive today and, as far as is known scientifically, every human being that ever existed, began his or her unique existence in this manner, i.e., as one cell. If this first cell or any subsequent configuration of cells perishes, the individual dies, ceasing to exist in matter as a living being. There are no known exceptions to this rule in the field of human biology." – James Bopp, ed., *Human Life and Health Care Ethics*

Another basic fact is that human life results from the union of a male and female human being. There is undisputed consensus among races, ethnicities and nationalities regarding this product and subject matter of scientific research during Donald's day.

If a tree falls in the middle of the forest and no one is around to hear it, does it make a sound? This age-old philosophical question is quite relevant to Ian Donald's invention and other forms of sonar technology that predate it. Sound waves are made by a fallen tree and any source that creates a 'pattern of disturbance caused by the movement of energy traveling through a medium (such as air, water or any other liquid or solid matter) as it propagates away from the source of the sound'.<sup>81</sup> A tree is an example of solid matter. Another example of matter is the human fetus located in an

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<sup>80</sup> Fairchild, H. P. (1929). The Facts about Birth Control. *New Republic*, 60(776), 233–235.

<sup>81</sup> WhatIs.com (2005). Sound Wave. TechTarget. <https://whatIs.techtarget.com/definition/sound-wave>.

amniotic sac filled with fluid. The rapid movements of the human fetus within a certain medium, i.e., amniotic fluid produces sound waves. Sound exists even when someone is not present to witness it. The absence of someone's presence does not negate the sound from being made or causes it to not occur.

The earliest writing claiming to detect fetal heart sounds was in the 1650s. Satirical writing produced by French physicians from Niort makes fun of Marsac, an obstetric physician who said the fetal heart sounds like the clapper of a mill.<sup>82</sup> In 1818, the equipment, known as the human ear was placed next to a maternal abdomen by Francois Mayor of Geneva [who] first heard the fetal heart while examining for fetal movement.<sup>83</sup> This discovery was documented during the same time frame that Lejumeau de Kergaradec 'described the method of auscultating fetal heart sounds' also by placing a human ear to the abdomen of a pregnant woman.<sup>84</sup> It goes without saying that there are human hearing limitations. "People can hear sounds at frequencies from about 20 Hz to 20,000 Hz, though [they] hear sounds best from 1,000 Hz to 5,000 Hz, where human speech is centered."<sup>85</sup> The antiquated method of auscultation became less relevant as physicians practiced the action of listening to sounds from the heart, lungs, or other organs using the stethoscope invented by Rene Theophile Hyacinthe Laënnec of Paris in the early 1800s.

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<sup>82</sup> Maude, R., Lawson, J., & Foureur, M. (2010). Auscultation -- The Action of Listening. *New Zealand College of Midwives Journal*, 43, 13–18.

<sup>83</sup> Mainstone A. (2004). Fetal monitoring advances. *British Journal of Midwifery*, 12(11), 704–707.

<sup>84</sup> Schulman H., Schneider E., Schulman S., Lai P., Farmakides G. (1993) Antepartum Fetal Heart-Rate Monitoring and Fetal Asphyxia. In: Haddad J., Saliba E. (eds) Perinatal Asphyxia. *Springer, Berlin, Heidelberg*.  
[https://doi.org/10.1007/978-3-642-77896-4\\_6](https://doi.org/10.1007/978-3-642-77896-4_6)

<sup>85</sup> National Parks Service. (2018). *Understanding Sound*. U.S. Department of Interior.  
<https://www.nps.gov/subjects/sound/understandingsound.htm>

Another foundational discovery occurred in 1880 by Pierre Curie known as the piezo effect.<sup>86</sup> This was an electric phenomenon where ‘mechanical distortion of ceramic crystals would produce an electric charge; [it was a] reverse effect used in all transducers to generate ultrasonic waves’.<sup>87</sup> The article goes on to say that it translates into the ‘scientific study of sound beyond range of human hearing [which] began toward [the] end of the nineteenth century’.<sup>88</sup> Lord Rayleigh is also another pioneer in sonar and sound waves discovery who identified mathematical characterizations of wide ranges of acoustical phenomena.<sup>89</sup> Researchers like Nicholson and Fleming built upon that discovery by explaining the patented method to locate ‘icebergs at sea by sending out pulses of sound and detecting incoming echoes’.<sup>90</sup> To summarize this historical progression into plain language, the scientists were experimenting with and inventing apparatuses to detect sound waves.

The Doppler Effect is another building block to the ultimate fetal ultrasound invention. It detects the frequency of transmitted waves and was named for the discoverer – Christian Andreas Doppler, an Austrian mathematician and physicist born November 29, 1803 in Salzburg, Austria.<sup>91</sup> Interesting fact, Doppler presented his findings on May 25, 1842 at a meeting of the Natural Sciences Section of the Royal Bohemian Society of Sciences in Prague where only a handful attended his

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<sup>86</sup> Johnson Electric Company. (2018). The Piezoelectric Effect - Piezoelectric Motors & Motion Systems. *Nanomotion*. Retrieved on May 04, 2019. <https://www.nanomotion.com/piezo-ceramic-motor-technology/piezoelectric-effect/>

<sup>87</sup> Ibid.

<sup>88</sup> Ibid.

<sup>89</sup> Nicolson, M., & Fleming, J.E.E. (2013). *Imaging and Imagining the Fetus: The Development of Obstetric Ultrasound*. Baltimore: Johns Hopkins University Press., doi:10.1353/book.21079.

<sup>90</sup> Ibid, 13.

<sup>91</sup> Maulik, D., Nanda, N. C., Maulik, D., & Vilchez, G. (2017). A brief history of fetal echocardiography and its impact on the management of congenital heart disease. *Echocardiography*, 34(12), 1760–1767. <https://doi-org.proxy1.library.jhu.edu/10.1111/echo.13713>

presentation. More than 180 years later, his namesake is a trademark used by the National Weather Service. So it is with the small beginnings of the fetal ultrasound which is now used throughout the world, even in underdeveloped countries.

Coupling the piezoelectric anomaly with the Doppler Effect expanded the original discoveries into techniques that study blood flow in the pelvic vessels and detect high-risk pregnancies performed through ultrasonography.<sup>92</sup> Complementary explanations of the utility of ultrasonography exists in medical literature.<sup>75-93</sup> In the 'Facts, views & vision in ObGyn' article, S. Campbell states that 'the progression of equipment development, i.e. scanning machines, diasonographs, etc. simultaneously developed with breakthroughs in clinical studies in the following decades'.<sup>94</sup> This body of knowledge reveals how Donald's work enabled the evolution of ultrasonic transducers years later which shed light on the internal anatomy, human fetus and multiple biological aspects of life.

## 2.5 Liberalization, Lawmaking and the Judicial Branch

Shift lanes for a moment back into a procedure that ends life. During the time of Donald's invention, the term liberalization became more prevalent in the abortion discussion. Between 1950 and 1970, segments of society, whether the media, research scientists, legal minds or the United States Supreme Court<sup>95</sup> used this language to explain the lessening or loosening of the abortion policy and its application. Another

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<sup>92</sup> Campbell S. (2013). A short history of sonography in obstetrics and gynecology. *Facts, views & vision in ObGyn*, 5(3), 213-229

<sup>93</sup> Cohen, Harris & Moore, William. (2004). History of Emergency Ultrasound. *Journal of ultrasound in medicine: Official journal of the American Institute of Ultrasound in Medicine*. 23. 451-8. 10.7863/jum.2004.23.4.451.

<sup>94</sup> Campbell. (2013). A short history. 225

<sup>95</sup> Roe v. Wade, 410 U.S. 113 (1973).

phrase that emerged during this time frame was the reform of state abortion laws.

Public opinion polling in 1967 further shows the framing of semantics:

“All the polls show that Americans heavily favor reform. Of 40,089 U.S. physicians who answered a survey by Modern Medicine last spring, 87% favored liberalizing the abortion laws - including 49% of the Catholics. According to the National Opinion Research Center, 71% of Americans favor legal abortion if the woman's health is endangered, 56% in rape cases and 55% if there is a strong chance that the baby may have a serious defect. Conversely, 80% are against abortion for unwed girls and 83% against it for mothers who do not want more children—the main seekers of abortion.”<sup>96</sup>

In the same article, the author stated that ‘the central problem in the U.S. is that it is governed by criminal law rather than medical [and scientific] knowledge’.<sup>97</sup> The following statement foreshadows Roe and was three years shy of its actualization:

“...it seems clear that either by legislation or court decision abortion by the end of this decade will be almost readily available to women who desire to terminate a pregnancy as voluntary sterilization has been in the past”<sup>98</sup>

The American Law Institute expanded the discussion by proposing guidelines for abortion reform.<sup>99-100</sup> The American Bar Association affirmed the guidelines and approved the uniform abortion act.

A constitutional right was issued by the high court in 1973 and the procedure that results in the death of a human fetus in utero became legal. Through a 5-4 ruling, ‘the

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<sup>96</sup> The Desperate Dilemma of Abortion. (1967). *TIME Magazine*, 90(15), 32–33.

<sup>97</sup> Ibid.

<sup>98</sup> Drinan, R. F. (1970). Jurisprudential options on abortion. *Theological Studies*, 31(1), 149–169.

<sup>99</sup> Stern, L. G. (1968). Abortion: Reform and the Law. *Journal of Criminal Law, Criminology & Police Science*, 59(1), 84–95.

<sup>100</sup> Ziff, H. L. (1969). Recent Abortion Law Reforms (Or Much Ado about Nothing). *Journal of Criminal Law, Criminology & Police Science*, 60(1), 3–23.

opinion cleared physicians of blame and vindicated the right of a physician to administer medical treatment'.<sup>101</sup>

The comments of Dr. Derry presented earlier in this paper are instructive of the differences between governmental powers. He requested for Congress to be deliberative, take their time, and assess issues, agendas and alternatives germane to Senate Bill 4582. Contrasting this with Roe, the court said that 'it would be destructive of time and energy for all concerned were we to rule otherwise'<sup>102</sup> and not permit the case to be heard. The inclusion of this text should come as no surprise because the courts are not the deliberative, lawmaking body.

### *2.5.1 Standing and Court Application*

In *Missouri v. State*, the Supreme Court ruled that states had no rights to a migratory bird because it was in its borders for only a short time.<sup>103</sup> The State of Missouri brought its case before the court alleging interest of wild birds within their borders. They also claimed that the Migratory Bird Treaty Act of 1918 was unconstitutional – preventing states to make decisions in their own best interest. In its ruling, the Supreme Court stated that 'wild birds are not in the possession of anyone and possession is the beginning of ownership....creatures that, for the moment are within the state border...' Interposing the words wild birds and creatures for the word baby makes a value case for human life in comparison to migratory birds. This theory was not applied in the case of Roe. The court established that the human fetus in utero

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<sup>101</sup> Roe, (1973).

<sup>102</sup> Ibid.

<sup>103</sup> *State of Missouri v Holland* 252 U.S. 416 (1920)

has no right although it is - like the migratory bird within a state's borders - in the mother's womb for only a short time. The court did, however, acknowledge the brevity of pregnancy and used this as reason for standing in Roe. It stated that because the '266-day human gestation period is so short that the pregnancy will come to term before the usual appellate process is complete. If abortion makes a case moot, pregnancy litigation will survive much beyond the trial stage'.<sup>104</sup> Interestingly in the Missouri case, the court concluded by stating that there is 'nothing in the Constitution that compels the Government to sit by while a food supply is cut off and the protectors of our forests and our crops are destroyed'.<sup>105</sup> Further examination of case law is required to determine if there are inconsistencies in this application to the human fetus.

Roe established a new constitutional right for women, acknowledged the State's rights in protecting the health of pregnant women and State's interest in protecting the potentiality of human life. The national law affirms the point in time when life will end for the human fetus in utero. This is clear and Roe nor any other existing literature indicates that the procedure does not end that which is living. There are exceptions to the outcome of abortion documented in cases where a child has been born after the attempted process. Aside from the title of the procedure, the Roe ruling did not define or name that attempt. The attempt is death. The judicial decision upholds that the word "person" as used in the fourteenth amendment, does not include the unborn. Additional investigation into court verdicts is necessary to determine how the word "life" is used in the Declaration of Independence and what it does not include.

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<sup>104</sup> Roe v Wade (1973).

<sup>105</sup> Missouri v Holland (1920).

### 2.5.2 *Truth Over Time*

By admission of the court, there were some aspects of the newly implemented law that were not clear at the time of the ruling.

“...the judiciary, at this point in the development of man’s knowledge, is not in a position to speculate as to the answer” ..... “the difficult question of when life begins” (Roe v Wade)

Literature reveals that the court did not take into account the passing of time and advancements in scientific discovery. Does a discovery date equate to the date when truth begins. Or, can truth exist without someone knowing it. A clear answer is found in the study of two constellations, Pleiades and Orion. In Job, 38:31-32, God inquires the following:

*“Can you bind the chains of the Pleiades,  
Or loose the cords of Orion?  
Can you lead forth a constellation in its season,  
And guide the Bear with her satellites?”*

The gravitational-bound cluster of Pleiades was discovered in the 18<sup>th</sup> century and travels in the same direction. There is no indication that Job knew that ‘it contain[ed] over a thousand stars that are loosely bound by gravity....visually dominated by a handful of its brightest members’.<sup>106</sup> Although, ample amounts of information have been discovered about Orion, bound stars or gravitational pull is not one of them. It is thought-provoking that this passage uses the word bind in reference to Pleiades and ‘loose chords of Orion’ so many years prior to detailed discovery.

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<sup>106</sup> Garner, R. (2017). Messier 45 (The Pleiades). NASA. <https://www.nasa.gov/feature/goddard/2017/messier-45-the-pleiades>



Only after scientific discoveries and time was mankind able to attest to what had been true with regard to these constellations. Does this mean that the truth did not exist prior to his knowledge? Do the limitations of human knowledge make it impossible for the unknown to be true?

Scientific discoveries have also revealed that human fetal behavior is detectable at 7 weeks. Did the absence of this factual information mean that human fetal behavior was not true in 1873 (Comstock Act), 1914 (advent of the term Birth Control) or 1973 (Roe)? Or, did it only become true once 4D ultrasound was able to detect it?<sup>107</sup>

## 2.6 Technological Advancements

Ultrasound advancement has proven by default of studying gestational stages that the human fetus performs movements with intention during the second and third trimesters. There is another interesting discovery about life revealed around 1048 B.C. relative to the interweaving of human tissues and development of life inside a mother's womb. "For You formed my inward parts; you knitted me together in my mother's womb" (Psalm 139:13). Merriam-Webster defines 'knit' as a transitive verb to form by interlacing or interlocking threads into joined rows. After a millennial, this statement explaining the interlocking of connective tissue, specifically reticular connective tissue has been proven true<sup>108</sup> and is also studied using the fetal ultrasound.<sup>109</sup>

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<sup>107</sup> Sifferlin, Alexandria. (2013). HD Ultrasounds: 4D Imaging of Your Unborn Child Is the Future. *Time*. <http://time.com/3805926/hd-ultrasounds-4d-imaging-of-your-unborn-child-is-the-future/>

<sup>108</sup> Holbrook, Katen, Byers, Peter, R. Pinnell, Sheldon. (1982). The structure and function of dermal connective tissue in normal individuals and patients with inherited connective tissue disorders. *Scanning electron microscopy*. IV. 1731-44.

<sup>109</sup> Schmidt, W., S. Yarkoni, P. Jeanty, P. Grannum, and J. C. Hobbins. (1985) Sonographic Measurements of the Fetal Spleen: Clinical Implications. *Journal of Ultrasound in Medicine 4*, no. 12, 667-72. doi:10.7863/jum.1985.4.12.667.

A few years after Roe, research was published on the 'Doppler ultrasound method for detecting human fetal breathing in utero'.<sup>110</sup> A 1975 article indicated that 'there is evidence that the continued presence of normal fetal breathing is an index of health'<sup>111</sup>. The goal of the research was to display how ultrasonography technology detects fetal breathing. Doppler ultrasound methodology was considered a technological advancement, one of the earliest detectors of fetal breathing and used to examine the timestamp for gestational observations.

The instrument of choice for these scientists was the D205 made by Sonicaid Limited during the 1970s and is an ultrasonic fetal heart monitor. The scientists alternated the use of the Sonicaid D205 and A-Scan on 70 pregnant women. 'Audible signals with the same fetal breathing movements'<sup>112</sup> were detected in 32 of those women. The scientists' confidence level was rooted in prior research conducted on audible signals from fetal lamb lungs where they simulated a similar environment for the human fetus by using a saline like substance.

Another study in 1990 reveals that breathing is essential to organ development. Breathing is an indicator of life; fetal breathing is an index of wellbeing. Researchers Pillai and James were interested in learning if the same were true for fetal hiccups. A multitude of investigations had been conducted on fetal breathing, but very little data existed on all other forms of diaphragmatic movements.<sup>113</sup> Such movements consisted of sighs, hiccups and gasping.

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<sup>110</sup> Boddy, K., Dawes, G.S. (1975) Fetal Breathing. *British Medical Bulletin*, Volume 31, Issue 1, 3–7. <https://doi-org.proxy1.library.jhu.edu/10.1093/oxfordjournals.bmb.a071237>

<sup>111</sup> Ibid.

<sup>112</sup> Boddy, Dawes. (1975). Fetal Breathing

<sup>113</sup> Pillai, Mary, and David James. (1990). Hiccups and Breathing in Human Fetuses. *Archives Of Disease in Childhood*. 1072-1075. [https://adc.bmj.com/content/archdischild/65/10\\_Spec\\_No/1072.full.pdf](https://adc.bmj.com/content/archdischild/65/10_Spec_No/1072.full.pdf).

Leading up to their investigation was a noteworthy invention by Kazunori Baba of Tokyo, Japan. He created 3D ultrasound in the 1980s which was pivotal for this particular exploration. Scientists used real-time ultrasound to detect fetal diaphragmatic movements, limb, body and eye movements. Other technology used in this study was the Hewlett Packard 8040A standard fetal heart monitor which detected and recorded the fetal heart rate ultrasonically. At 28 weeks or more, the researchers were able to collect longitudinal data on fetal breathing. Breathing was 'counted [as a part of the data set] if they were comprised of a minimum of four consecutive breaths sustained for at least 5 seconds'<sup>114</sup>. The data collected was useful in revealing the answer that fetal hiccups are more predominate in younger fetuses and unlike fetal breathing are not 'useful indicators of fetal health'<sup>115</sup>. The scientists also concluded that fetal hiccups predominate up to 26 weeks and fetal breathing predominates after 26 weeks. Close to 34 years after its invention, the fetal ultrasound had substantially increased the scientists understanding of the living human fetus. Their examination was not limited to 32 week's gestation to analyze fetal movements like the research conducted in the 1975 study. Due to technological advancements, the recordings began at weeks 14 and 18 gestational periods.

One final piece of research that advanced the discussion of life in utero was written in 2011 by Drs. Lebit, Vladareanu and Radu – medical doctors in Obstetrics and Gynecology<sup>116</sup>. The focus of the study assessed the most recent form of fetal ultrasonography on the market and used in clinical practices – 4D. The intent of the

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<sup>114</sup> Ibid, 1075

<sup>115</sup> Ibid.

<sup>116</sup> Lebit, Dr Florentina-Daniela, and Professor Dr Radu Vladareanu. (2011) The Role of 4D Ultrasound in the Assessment of Fetal Behaviour. *Maedica vol. 6, 2*: 120-7.

study was to consider the correlation between fetal movements and behaviors to brain activity that may reveal earlier diagnoses of neurological disorders.

For three years beginning in 2008 and ending in 2010, the researchers observed fetal movements in the first, second and third trimesters. In the first trimester, eight (8) forms of fetal movements consisting of general movements (passive limb movement), startles (fast movements from neck to trunk), stretching, isolated upper limb movements (extensions, flexion, i.e. action of bending a limb or joint), isolated leg movements, head retroflexion (backward bending), head anteflexion (leaning forward) and head rotation movements were observed. These are extremely complex movements for a living human fetus the size of a blueberry (approximately 0.51 inches) now visually accessible through 4D ultrasound.

The scientists were able to show correlation between movement and increase in gestational stages which revealed that a pattern of fetal behavior is evident in each trimester. What is most extraordinary is how much the gestational period had been trimmed in terms of visualization and evaluation. This was solely the result of 4D fetal ultrasound. Additional findings of the study confirmed that complex fetal movements are visible at 7 weeks and that 15 fetal movements are visible after 15 weeks. This study correlated with others conducted in Europe, South America and Asia with similar findings of 'fetal movements according to gestational age'.<sup>117</sup>

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<sup>117</sup> Ibid.

## 2.7 Semantical Changes

*Following the science* is a frequently touted American phrase. *Following the semantics* – not so much. It is rarely promoted by the media which is the primary mode to communicate information to the general public (via television, radio or internet). A majority of news outlets subscribe to the Associated Press (AP), a not-for-profit news cooperative. Not only are news articles written and available by the AP, an annual stylebook is generated as a usage guide for ‘journalist working for or affiliated’<sup>118</sup> with news conglomerates. Dave Andrusko wrote a commentary in the National Right to Life News 2017 July edition about the AP stylebook and semantic changes related to abortion. Andrusko stated that:

“The changes provide rhetorical advantage for ‘pro-abortionists’. Key changes made in 2017 by AP were a replacement of ‘abortionist’ with ‘doctor or abortion doctor’. Reasons were provided by AP: Avoid abortionist, which connotes a person who performs clandestine abortions. The term ‘pro-life’ was also changed to ‘anti-abortion’ and ‘pro-abortion’ was changed to ‘abortion rights’.”<sup>119</sup>

The Oxford English Dictionary (OED) indicates that the term ‘pro-choice’ was first used in 1969 by the Oxnard Press Courier in conjunction with the term ‘anti-abortionists activist.....headed to the Women’s Clinic’.<sup>120</sup> The Los Angeles Times first use pro-life to describe individuals opposed to the procedure that ends the life of a human fetus in utero in 1971. The slogan *trust-women* was coined in 1990 followed by the term partial birth abortion in 1995. It was recorded in the Washington Times to describe an Ohio bill

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<sup>118</sup> Andrusko, Dave. (2017). The AP Stylebook and How the Abortion Issue Is Described. *National Right to Life News*, <http://search.ebscohost.com.proxy1.library.jhu.edu/login.aspx?direct=true&db=f5h&AN=124280442&site=ehost-live&scope=site>.

<sup>119</sup> Ibid.

<sup>120</sup> Pro-choice. OED Online. 2019. *Oxford University Press*.

that would outlaw the procedure. The New York Times catalogued these euphemisms in an article addressing the emerging debate in America over Fetal Heartbeat Laws. The Times concluded the piece with another example of semantical tango forged by the 2018 gubernatorial candidate Stacey Abrams. In response to the Georgia House Bill 481, Representative Abrams rephrased the legislation as the *forced pregnancy bill*. This new nomenclature was then reworded into the slogan *no forced births*.<sup>121</sup>

### 2.7.1 Sanitized Language

Recall A.B. Wolfe's 1926 book review of 'Birth Control: Facts and Responsibilities' mentioned on page 18 of this thesis. He quoted Margaret Sanger who defined birth control, including abortion as 'the hygienic, scientific and harmless control of procreative powers'.<sup>122</sup> One way to define hygienic is being 'conducive to maintaining health and preventing disease, especially by being clean; sanitary' (Oxford Lexico). A final example of linguistic choice for masking the outcome abortion is through the sanitized language of reproductive healthcare.

It is difficult to find literature on reproductive healthcare prior to 1970. An early 1970s family planning survey out of Canada 'aimed to relate health and healthcare to reproductive behavior'.<sup>123</sup> A study in 1995 by Walker and Tinkle discussed the integration of science and women's health by correlating reproductive risks prior to conception and the aging process. For these and other published literature on women's

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<sup>121</sup> Heartbeat Bans. (2019). Rewire. News. Retrieved April 27, 2019. <https://rewire.news/legislative-tracker/law-topic/heartbeat-bans/>.

<sup>122</sup> Wolfe, A. B. (1926). Population and Migration. *American Economic Review*, 16(4), 721–724.

<sup>123</sup> Wargon, S. T. (1974). Census Data and Social Analysis: A Canadian Example. *Journal of Comparative Family Studies*, 5(1), 125–133. <https://doi-org.proxy1.library.jhu.edu/10.3138/jcfs.5.1.125>

healthcare, there was found to be no connection of healthcare or the prevention of disease to abortion.

The term reproductive healthcare appears to emerge in the mid-1970s as the names of organizations that performed abortions and/or litigants in Supreme Court cases, i.e. Akron Reproductive Health Center or the Reproductive Health Services in Missouri.<sup>124,125</sup> Other abortion organizations since that time have filed name changes to adopt the term. The World Health Organization defines 'reproductive health [as the ability of] people [to] have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so'. Physicians for Reproductive Health founded in 1992 was formerly Physicians for Reproductive Choice prior to their name change in 2013. Their slogan is reproductive rights are human rights. Their strategy is to 'use the law to....protect women's clinics; battle legislation [that] chokes reproductive health services; uphold dignity and autonomy of women making decisions about family planning'. The National Institute of Reproductive Health established 40 years ago has a vision to normalize women's decisions about abortion and contraception.

The genesis of reproductive health becoming synonymous with abortion is unknown. Reproductive health is now a common locution and cloaks abortion under the hygienic language of health. Translating into plain language – the procedure that causes the death of a fetus in utero maintains or improves the health of a woman.

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<sup>124</sup> Webster v. Reproductive Health Services. (n.d.). Oyez. Retrieved December 5, 2020, from <https://www.oyez.org/cases/1988/88-605>

<sup>125</sup> Akron v. Akron Center For Reproductive Health. (n.d.). Oyez. Retrieved December 5, 2020, from <https://www.oyez.org/cases/1982/81-746>

### 2.7.2 Doublespeak

'If even lifeless instruments, such as the flute or the harp, do not give distinct notes, how will anyone know what is played? The same goes for anyone who utters speech that is not intelligible, how will anyone know what is said?' (I Corinthians 14: 7,9) When the meaning of abortion is lost, language regarding the outcome becomes foreign to the hearer. The hearer in turn receives and retains inaccurate information that may be foundational to decision making.

In 2002, the board chair for Physicians for Reproductive Health stated, "we must take advantage of this moment and face these challenges head on – so that my children and yours will live at last in a world in which the universal acknowledgement of reproductive rights as fundamental, inalienable and robustly protected human rights is not a vision for the future but a reality for all".<sup>126</sup> Similar language is included in a 2020 study published in *American Psychology* that expounds on the concept of reproductive identity. The theory 'mirrors preexisting models of human identity such as race, gender, and sexuality....and has the potential to advance this line of thinking even further to its largest scope to date and to secure it as an inalienable human right of all individuals to ultimately self-identify as they see fit'.<sup>127</sup> Two words in both statements raise questions to their use and accuracy - 1) inalienable and 2) all.

First, unalienable rights are not acknowledged by all countries in foundational documents, i.e. constitutions; it is somewhat unique to the Declaration of Independence.

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<sup>126</sup> *Twenty Years Center for Reproductive Rights* (pp. 1-69, Rep.). (2012). New York, New York: Center for Reproductive Rights.

doi:[https://reproductiverights.org/sites/default/files/documents/crr\\_Annual\\_Report\\_11\\_12.pdf](https://reproductiverights.org/sites/default/files/documents/crr_Annual_Report_11_12.pdf)

<sup>127</sup> Athan, A. M. (2020). Reproductive identity: An emerging concept. *American Psychologist*, 75(4), 445–456. <https://doi-org.proxy1.library.jhu.edu/10.1037/amp0000623>



There is a reference to unalienable rights in the 1948 Universal Declaration of Human Rights (UDHR) but there is a distinct difference. The United Nations makes no reference to God in the UDHR. Individual rights, according to John Marini ‘depend upon no government, nor upon positive law, for their legitimacy because they are rooted in the laws of nature’<sup>128</sup> established by nature’s God. The rights apply to both men and women and among them are life, liberty and the pursuit of happiness. Unalienable is not established by law nor is it bestowed upon mankind by the courts. It is inherent to the human race. How can the decision to cause the death of a human fetus in utero be an unalienable right endowed to all by Nature’s God?

The inclusive insertion of the word ‘all’ avowed in both statements is the second issue. Obtaining an abortion will never be a reality for all because the argument solely applies to a procedure performed on women not men. The sanitized language of reproductive healthcare refers to the autonomous right of women to maintain control and decision making for their bodies. Men, those who would become fathers are not a part of this picture or discussion.

Doublespeak is language that ‘pretends to communicate but really doesn’t. It is language that makes the bad seem good, the negative appear positive, or the unpleasant appear attractive or tolerable. It conceals or prevents thoughts.’<sup>129</sup> These examples of semantical changes have prevailed in the marketplace of ideas and organizations. The framing of abortion is doublespeak but none of these terms point to the procedure’s objective which is to remove burden and hasten death.

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<sup>128</sup> Marini, J. (2019). Unmasking the Administrative State. p. 299

<sup>129</sup> Lutz, W. (1988). Fourteen Years of Doublespeak. *The English Journal*, 77(3), 40-42. doi:10.2307/818411

## Chapter 3 - Euthanasia

The earliest recording of euthanasia in the Oxford English Dictionary is from the 17th Century. Bishop Joseph Hall, a protestant preacher used the term in his book *Balm in Gilead* written in 1677.<sup>130-131</sup> 'Let me prescribe and commend to thee, my sonne, this true spiritual means of thine happy Euthanasia.'<sup>132</sup> His book title is taken from Jeremiah 9:10 of the Hebrew bible that questions the access to healing and the availability of a physician. A closer look at the text reveals that the speech among individuals collectively became deceitful (deceit upon deceit) resulting in an ailing nation. The correlation between the historical writings and this chapter is not a castigation of modern laws, policies or advocacy. There is; nevertheless, a need to examine if the adjustments and linguistic changes made over time were intended to deceive or deter an acknowledgement of what occurs as a result of euthanasia.

A counterargument to the word used by Bishop questions his original intent:

"Euthanasia was not invented as a euphemism. Bishop Hall....didn't mean a cocktail of pills and a plastic bag over the head, which he would have recognized as a passport to the undying death of hell. He meant making a good death, not necessarily a comfy one, for he was a man put into the street with his family when a mob ransacked Norwich Cathedral."<sup>133</sup>

His purpose in using the word is not clear. Conversely, the term is globally applied to achieving a specious semblance of comfort and a good death requiring the involvement

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<sup>130</sup> Euthanasia, n. OED Online. September 2020. Oxford University Press.

<sup>131</sup> Spellman, W. M. (1994). Between Death and Judgment: Conflicting Images of the Afterlife in Late Seventeenth-Century English Eulogies. *Harvard Theological Review*, 87(1), 49–65.

<sup>132</sup> Ibid.

<sup>133</sup> Wordsworth, Dot. (2004). *Spectator* (00386952). Volume 295, Issue 9185, p. 14.

of an additional party, usually a physician who performs the act of giving a lethal injection.

Euthanasia comes from the Greek language ‘eu’ meaning well or good; ‘thantos’ meaning death.<sup>134</sup> It is predated by the term suicide which is a combination of the words killer and oneself. The connotation of both naturally separates the two. Though, their outcomes are the exact same and result in death desired by an individual.

### 3.1 On Drinking the Hemlock

Some familiar historical figures who have died by suicide are Cleopatra VII by the venom of a king cobra, Hannibal by poison and Socrates, who drank hemlock.<sup>135</sup>

Hemlock was a common name of *Conium maculatum*, a poisonous umbelliferous plant, having a stout branched stem with purplish spots, finely divided leaves, and small white flowers; it is used medicinally as a powerful sedative.<sup>136</sup>

‘On Drinking the Hemlock’ was an essay written by a lesser known figure, Lucy Morgan in the 1950s. She expressed her opinion on death using the same choice plant as Socrates. Lucy was the wife of Dr. Arthur E. Morgan of Yellow Springs Ohio, former president of Antioch College. He was invited as a witness in the 1972 Senate Committee on Aging Hearings, an exploratory inquiry into public issues linked to Death with Dignity or Right to Die legislation.<sup>137</sup> He shared the following excerpt from his wife’s essay:

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<sup>134</sup> Wise, Steve. (2016). *Euthanasia*, National Highlights Inc., ProQuest Ebook Central.

<sup>135</sup> Włodarczyk, R. (2018). Suicide Death and the Action of Psychoactive Substances on the Body. *Internal Security*, 10(2), 61–77.

<sup>136</sup> Hemlock, n.. OED Online. September 2020. Oxford University Press.

<sup>137</sup> U.S. Congress. Special Committee on Aging. Death with Dignity: An Inquiry into Related Public Issues. Hearings, Ninety-second Congress, Second Session. August 7, 8, 9, 1972. Cong. Washington: U.S. Govt. Print. Off., 1972.

“The average duration of life in America has increased greatly in the past half-century, and this change is usually referred to as an unmixed blessing..... None of us [are] afraid of the grave and [have] no feeling of desire for life when usefulness is over.”<sup>138</sup>

The hearing played a critical role in the molding of semantics used to address, explain or debate end of life issues. Whether suicide or euthanasia, the terms were and continue to be tucked beneath framed language based on circumstance.

### 3.2 Art of Framing

Active Euthanasia is the taking of immediate, active steps to end a person's life (e.g. administering a lethal injection). Passive Euthanasia is withholding or withdrawing extraordinary treatment from a person who is ‘terminally, irreversibly, and incurably ill, or who has fallen into a persistent vegetative state’ (PSV).<sup>139</sup> And, the terms intent and causation link the two.<sup>140</sup> These descriptors, active and passive were used by Rosemarie Tong to define one word with the same outcome – death. As a philosopher and member of academia who has written literature on ethics and death by euthanasia, Tong presents an example of one word surgery. Unlike contraction surgery used by American elementary students who learn to divide a word into two clearly different terms which can stand alone; euthanasia cannot be separated from itself. The end result is the same and its meaning unchanged.

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<sup>138</sup> Livne, Roi. (2019). *Values at the End of Life - the Logic of Palliative Care*. Harvard University Press.

<sup>139</sup> Meilaender, Gilbert. (1993). “Killing and Allowing to Die.” *World & I* 8 (3): 384.

<http://search.ebscohost.com.proxy1.library.jhu.edu/login.aspx?direct=true&db=f5h&AN=9307275534&site=ehost-live&scope=site>.

<sup>140</sup> Miller, Franklin G. & Truog, Robert D. (2012). *Death, Dying, and Organ Transplantations: Reconstructing Medical Ethics at the End of Life*. New York, NY: Oxford University Press.

Who benefits from such manner of speaking? Ethicist Gilbert Meilaender posed this question to Tong's use of the definitions. He countered her speaking by suggesting the use of the terms killing and allowing to die. Meilaender believed these terms describe moral action in a clearer fashion as opposed to passive or active euthanasia. He argued that drawing a line between the same terms is irrelevant and does not modify the meaning of the word.

In Meilaender's words, 'trusting, as she does, that our approval of what she terms passive euthanasia will grease the skids for what will be simply the latest exception to the no-killing rule'.<sup>141</sup> The urban dictionary calls this the Spaghetti Test<sup>142</sup> which is another example of interminable rephrasing of words to define the end result of death. Opt out is also defined in the unconventional lexicon as:

'the choosing to end one's own life for moral, ethical or legal reasons[;] a person faced with certain death after a horrible accident, crippling debts, impending imprisonment to name a few[;] essentially suicide using one's own moral compass instead of desperation or depression as the typical vector of suicide cases'<sup>143</sup>

### 3.2.1 *Priming Opinions and Thoughts*

"Frames serve to organize an individual's thinking, weaving various threads of content and context into a coherent story line that suggests what the controversy is about, the essence of the issue." <sup>144</sup>

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<sup>141</sup>Meilaender. (1993). Killing and Allowing to Die.

<sup>142</sup> Spaghetti Test. *Urban Dictionary*. Retrieved on August 17, 2019.  
[https://www.urbandictionary.com/define.php?term=spaghetti test](https://www.urbandictionary.com/define.php?term=spaghetti%20test).

<sup>143</sup> Opt out. *Urban Dictionary*. Retrieved on August 12, 2019.  
[https://www.urbandictionary.com/define.php?term=opt out](https://www.urbandictionary.com/define.php?term=opt%20out).

<sup>144</sup> Haider-Markel DP, & Joslyn MR. (2004). Just how important is the messenger versus the message? the case of framing physician-assisted suicide. *Death Studies*, 28(3), 243–262.

Although this may be the intent of framing, it is misleading. The frame of a Van Gogh Starry Night painting is not the essence of the artwork itself. When Alexis de Tocqueville quipped that America was his frame, he never lost sight that France was his sole picture in mind. When used in error, framing can amass more weight and influence than the actual issue. In contrast, the framing concept can be understood as promoting a view of an issue by highlighting some of its aspects and hiding others.<sup>145</sup> The image of death recesses into the shadows of frames such as compassion, care, dignity, burden, rights or other terms used to advance euthanasia.

Frames more often than not selectively focus attention on certain meanings of a topic.<sup>146</sup> “Schön (1993) called such frames issue frames, stressing that they influence not only problem interpretation, but also the decisions on possible problem solutions.”<sup>147</sup>

Death is the product of euthanasia. Albeit, the efforts to change syntax, word choice or application cause an ongoing disagreement between scholars in interpreting euthanasia’s meaning. Consider the following examples taken from a 2019 article entitled ‘Physician Assisted Death’:

1. Physician Assisted Dying
2. Death with Dignity
3. Dying with Dignity
4. Aid in Dying
5. Patient Directed Dying
6. Hastened Death

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<sup>145</sup> Bogetić, K. (2019). Discursive metaphorical frames in newspaper texts on language change: Analyzing social meanings of metaphor in public discourse. *Metaphor & the Social World*, 9(1), 1–31.

<sup>146</sup> Ibid, 4.

<sup>147</sup> Ibid.

Note - physician assisted suicide was not one of the terms included in the list.<sup>148</sup> The authors explain why:

“...[there is] no uniformity in word choice among national or medical association[s]; in titles or text of laws in states where physician assisted suicide is legal. Both proponents and opponents staunchly advocate for different language choices – and for good reason, given the level of public support for legalization can vary depending on the language used in surveys and polls’<sup>149</sup>

The article alleges that there was an intentional move to replace physician assisted suicide with physician assisted death because suicide was controversial. Public support for legalization tends to decrease when the word suicide is applied in describing physician-assisted suicide in polls; support increases when alternative terminology is used.<sup>150</sup>

In a May 2013 Gallup poll, 70 percent of U.S. adults expressed approval for legalizing physician-assisted suicide when it was described as ‘end[ing] the patient’s life by some painless means. That figure dropped to 51 percent when the procedure was instead described as assist[ing] the patient to commit suicide’.<sup>151</sup>

“.....for wherever public opinion exists it must rule....In order to effect change, you must educate his fellow citizens to want some change. Step 1 - Make public opinion listen; Step 2 – See to it that public opinion listens to the right things”.<sup>152</sup>

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<sup>148</sup> Thurston, A. (2019). Physician-Assisted Death: A Selected Annotated Bibliography. *Law Library Journal*, 111(1), 31–69. [https://www.aallnet.org/wp-content/uploads/2019/02/LLJ\\_111n1\\_00\\_full\\_issue\\_WEB.pdf](https://www.aallnet.org/wp-content/uploads/2019/02/LLJ_111n1_00_full_issue_WEB.pdf)

<sup>149</sup> Ibid, 34.

<sup>150</sup> Ibid.

<sup>151</sup> Saad, Lydia. (2013). U.S. Support for Euthanasia Hinges on How It’s Described. *Gallup* <http://news.gallup.com/poll/162815/support-euthanasia-hinges-described.aspx> [<https://perma.cc/23U2-YBMM>]

<sup>152</sup> Wilson, Woodrow. Study of Administration (1887)

President Woodrow Wilson penned these words in 1887 with regard to leadership and framing public opinion. In his earliest writings, he indicated that the goal of rhetoric was ‘persuasion and conviction – the control of their minds by a strange personal influence and power’.<sup>153-154</sup> It is remarkable how his theories have been substantiated and are actualized in modern public polling.

### 3.2.2 *GoFundMyDeath*

Crowdfunding platforms use the public to obtain ideas, feedback, solutions, and other resources. Based on the model selected, the beneficiary will have a greater chance of achieving his or her fiscal and social goals.<sup>155</sup> They are one of the most recent tools to effect change by creating either a 1) low economic/high social value or 2) high economic/high social value.<sup>156</sup>

“Forcing the well elderly to travel overseas is exporting a problem, rather than addressing a growing social need. Shame!”<sup>157</sup> This language was highlighted on a 2018 GoFundMe page to raise dollars and assist David Goodall, Ph.D. with his suicide.

Dr. Goodall, botanist and ecologist was born in London in 1914. After a distinguished career and receiving an honorary degree from the Università degli Studi di Trieste in Italy, he retired in 1971. He maintained his interest in ecology and co-founded the Desert Biome project a few years later. His curiosity in environmental issues did not

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<sup>153</sup> Pestritto, R. J. (2005). *Woodrow Wilson and the Roots of Modern Liberalism*. p.204

<sup>154</sup> Ibid, 200.

<sup>155</sup> Meyskens, M., & Bird, L. (2015). Crowdfunding and value creation. *Entrepreneurship Research Journal*, 5(2), 155-166.

<sup>156</sup> Ibid.

<sup>157</sup> Nitschke, Philip. (2018). Click Here to Support Help David Go to Switzerland Organized by Philip Nitschke. *Gofundme.com*. Retrieved on April 22, 2018. <https://www.gofundme.com/helpdavidtoswitzerland>.



wane evidenced by his travels to Kimberly Station (Kachana) near Kumumurra to visit the eco sustained cattle station in 2017. The 103 year old travelled by gyrocopter.

“All rational adults deserve a peaceful death at a time of their choosing”<sup>158</sup> was also written in bold letters on his GoFundMe page. On April 22, 2018, Phillip Nitschke of Riverhead, New Zealand used the for-profit crowd funding platform to raise the \$15,000 needed by Dr. Goodall to travel to Switzerland<sup>159</sup> and hasten death. A total of \$20,956 was raised by 376 people in 16 months. David was a fully functioning individual with cognitive acuity and no diagnosis of a terminal illness. He died at the age of 104 on May 10, 2018 by lethal injection.

The title of the crowdfunding page was ‘Help David Go to Switzerland’. Many public opinions ensued during and following the campaign to assist in Dr. Goodall’s goal. One example is an interview between Cameron McAllister and Nathan Rittenhouse of Ravi Zacharias Ministries and Apologetics. McAllister stated that ‘the words were selectively chosen to ensure that potential donors would adopt the belief that Dr. Goodall is being repressed by his government and is having something withheld from him’.<sup>160</sup> Language was crafted to promote a social value. Rittenhouse argued against the Death with Dignity platform that ‘dependency is not an infringement on our dignity’.<sup>161</sup>

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<sup>158</sup> Ibid.

<sup>159</sup> Federal Constitution of the Swiss Confederation of December 21, 1937, Art. 115 [Switzerland]. <https://www.admin.ch/opc/en/classified-compilation/19370083/201907010000/311.0.pdf>

<sup>160</sup> Ibid.

<sup>161</sup> Ibid.

### 3.2.3 Persuasive Policy Text

'Legalizing only assisted suicide with stringent procedural rules that exclude patients who are not terminally ill, as has been the case in Oregon, therefore seems to limit the number of assisted deaths and their increase with time.'<sup>162</sup> Nevertheless, recent literature indicates that the increased focus on autonomy is a driving factor to increase cases of euthanasia for multiple reasons.<sup>163,164</sup> Autonomy is a stark contrast from the moral school of thought and a contradiction to the sovereignty of God. Emerging research in sociolinguistics links the 'evaluation of unbearable suffering to the voluntary expression of the will to die by a fully conscious individual patient'.<sup>165</sup> Individuals in this profession give guidance on policy changes for 'end-of-life care in relation to the context in which they unfold'.<sup>166</sup>

"Control over the manner and timing of a person's death has not been and should not be a goal of medicine. However, through high-quality care, effective communication, compassionate support, and the right resources, physicians can help patients control many aspects of how they live out life's last chapter."<sup>167</sup>

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<sup>162</sup> Gamondi C Borasio GD Limoni C Preston N Payne S. (2014). Legalisation of assisted suicide: a safeguard to euthanasia?. *Lancet*.384:127

<sup>163</sup> Kouwenhoven, Pauline S. C., Ghislaine J. M. W. Van Thiel, Agnes Van Der Heide, Judith A. C. Rietjens, and Johannes J. M. Van Delden. (2018). Developments in Euthanasia Practice in the Netherlands: Balancing Professional Responsibility and the Patient's Autonomy. *European Journal of General Practice* 25, no. 1, 44-48. doi:10.1080/13814788.2018.1517154.

<sup>164</sup> Snyder, Sulmasy L, Mueller (2017). PS for the Ethics, Professionalism and Human Rights Committee of the American College of Physicians. Ethics and the Legalization of Physician-Assisted Suicide: An American College of Physicians Position Paper. *Ann Intern Med*. [Epub ahead of print 19 September 2017]167:576–578. doi: 10.7326/M17-0938

<sup>165</sup> Sociolinguistics. American Association for Applied Linguistics. Retrieved on September 17, 2020 from <https://www.aal.org/SOC>

<sup>166</sup> Burlone, N., & Richmond, R. G. (2018). Between morality and rationality: framing end-of-life care policy through narratives. *Policy Sciences*, 51(3), 313–334.

<sup>167</sup> Sulmasy, L., Mueller, P. (2017). Ethics and the Legalization of Physician-Assisted Suicide: An American College of Physicians Position Paper.

Framing is critical to advancing legislation and carefully used by political actors as well. Recall the 1972 Senate Committee on Aging Hearings. Two (2) years after those hearings, the Euthanasia Society changed its name to the Society for the Right to Die. Fast forward three decades later to observe similar action taken by an organization that helps ‘write and pass’<sup>168</sup> legislation. The Oregon Right to Die political action committee changed its name to Oregon Death with Dignity. In 2004, the Hemlock Society USA was renamed End-of-Life Choices and within months merged with Compassion Dying - later to become Compassion and Choices. With respect to legislation, Death with Dignity is the adopted namesake that has been enacted in ten states including Washington, D.C. Sixteen states considered Death with Dignity bills during the 2020 legislative year. The implications of the name changes are subtle but crafted to present a value-neutral nomenclature for organizations and lawmaking.

Janine Fiesta, a nurse and author of several books on the subject of dying and death expresses apprehensions about the linguistic choice trend. She stresses that ‘the words competent and terminally ill could be construed to mean different things by different individuals. Safe guards against the mentally incompetent would have to be seriously discussed to ensure the safety of these people.’<sup>169</sup> New terms such as convenience industry are used to explain the phenomena evidenced in the end-of-life clinic operating in California.<sup>170</sup>

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<sup>168</sup> History. Death With Dignity. Retrieved on August 17, 2019. <https://www.deathwithdignity.org/about/history/>.

<sup>169</sup> Fiesta, Janine. (1997). Legal Aspects of Physician-Assisted Suicide. *Nursing Management (Springhouse)* 28, no. 5. doi:10.1097/00006247-199705010-00003.

<sup>170</sup> Cook, Michael. (2016). California Doctor Opens End-of-life Clinic. *BioEdge*. <https://www.bioedge.org/bioethics/california-doctor-opens-end-of-life-clinic/11914>.

The New England Journal of Medicine in 2000 ‘revealed a study showing that 75 percent of the 69 Kevorkian-assisted deaths that were investigated were victims suffering [from no] potentially fatal disease; five had no discernible disease at all. Instead, it appeared that many of the suicides were the result of depression or psychiatric disorder’.<sup>171</sup>

Overlapping reports indicate a growing interest by individuals experiencing unbearable suffering who are seeking physician assisted suicide or legal euthanasia in European countries.<sup>172,173</sup> In Pothoven, Netherlands, a teenage girl was repeatedly sexually assaulted and experienced trauma and depression. She was permitted to hasten death through euthanasia.

A host of pharmaceuticals and therapeutics are currently on the market to support pain care management, depression, trauma, anxiety and psychiatric disorders. The field of psychological and psychiatric treatment has also expanded to incorporate targeted counseling, supportive and medical services. And while no one can imagine or measure the pain of his or her fellow man, there have been advancements in medicine to provide comfort and healing. Moral decisions in light of these scientific developments are not obvious. However, what is apparent is a methodical manipulation of words to advance medical and legal issues to achieve a certain end.

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<sup>171</sup> New revelations about Dr. Death. (2000). *Maclean's*, 113(51), 31.

<sup>172</sup> Reporter, Staff. (2019). Teenager Who Was Sexually Assaulted Multiple times Ends Her Own Life after Requesting Legal Euthanasia. *The Independent*. Retrieved on July 02, 2019. <https://www.independent.co.uk/news/world/europe/euthanasia-clinic-suicide-depression-rape-anorexia-netherlands-teenager-noa-pothoven-a8944356.html>.

<sup>173</sup> Pressly, Linda. (2018). The Troubled 29-year-old Helped to Die by Dutch Doctors. *BBC News*. Retrieved on July 02, 2019. <https://www.bbc.com/news/stories-45117163>.

# Conclusion

*“Who said what to whom with what effect?” – Harold Laswell<sup>174</sup>*

One would be hard pressed to search for literature on euthanasia that did not include a reference to abortion. Take this thesis as an example. Per contra, my work addresses commonalities in a way that has yet to be extensively explored. An ever-growing lexicon for abortion and euthanasia has advanced the shaping of laws, rights to be established, decision-making and fundraising for one purpose – to hasten death. Mutable courses have been charted for an unchanging outcome. But where do the paths, i.e. slippery slopes lead?

If the semantical trajectory for these terms stays on course, then the reasoning for hastening death may experience no bounds. Could euthanasia land on death row? This is not an attempt to play on words in homage to this research. It is acknowledged that the same method using lethal injections for euthanasia is the primary procedure used in all 50 states for death row inmates. But what if there was cause to move the execution to an earlier death date? According to [deathpenaltyinfo.org](http://deathpenaltyinfo.org), ‘the time that U.S. prisoners spend on death row has gotten increasingly longer in recent years...’ The average time for an accused death row prisoner to be executed ranges between 15 and 25 years. A report issued by Susquehanna University indicated that ‘a death row inmate costs \$1.12 million more than a general population inmate’ across all states.<sup>175</sup> Sociolinguists might possibly frame the need to reduce investments in the capital

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<sup>174</sup> Haider-Markel DP, & Joslyn MR. (2004). Just how important is the messenger versus the message? The case of framing physician-assisted suicide. *Death Studies*, 28(3), 246.

<sup>175</sup> McFarland, Torin. (2016). The Death Penalty vs. Life Incarceration: A Financial Analysis. *Susquehanna University Political Review*, vol.7(4), 46.

punishment system. Following the science and evidence proving guilt could be ample reason for saving taxpayer dollars.

The costs of keeping people alive for the last years of care in nursing homes are incredibly high. In 2010, the average cost per day for a nursing home in California was \$217. This was 30% higher than the cost in 2005.<sup>176</sup> The monthly average is \$1600 - \$2100. Disabilities, Parkinson's Disease, Alzheimer's, dementia and long term care are partially or not covered by Medicare. Should decisions for care be based on their health effectiveness or cost effectiveness? The latter has recently become the new criteria. Look no further than the annual budgeting process at the state or local level. Fiscal government agencies consider funding allocations and program cuts in the name of fiscal stewardship. The frame of providing end of life services in nursing homes as compassionate, patient care hides the newfound capability of health care systems to decrease expenditures.

China's 'One-child policy' was initiated in the late 1970s to limit a majority of families from having more than one child. The policy is geared towards sex-selection and promotes the birth of males over females. The only tool able to determine sex is the fetal ultrasound. Although the discussion of the technology is not at the forefront of the conversation in China, it is foundational to the consequential policy. The rule was relaxed in 2013 but the bio political implications and residual effects are evident in not only China but the American discourse regarding sex-selection. The Charlotte Lozier Institute, a research engine conducted a public opinion poll of 1,016 adults on this very

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<sup>176</sup> Georgetown University Medical Center. (2019). Nursing Home Care Cost Significantly Outpaces General Inflation and Medical Care Prices. (2019). Georgetown University. <https://gumc.georgetown.edu/news-release/nursing-home-care-cost-significantly-outpaces-general-inflation-and-medical-care-prices/>

topic. Overall, 77 percent of respondents opposed legislation that supported the ending of a life because of the sex. Currently, four (4) states have bans on sex-selection<sup>177</sup>.

Semantics and syntactical change are used to take something and render it morally neutral. The action is equivalent to the term adiaphorize. It is a term formerly used by the Catholic Church. It involves discussing an action in a manner that seems impartial in order to eliminate the action's possibly odious moral content. It is the 'removal of the effects of action beyond the reach of moral limits'.<sup>178</sup> The idea and term are used in a book by Zygmunt Bauman entitled *Modernity and the Holocaust*.

Millions of Germans participated in the holocaust but avoided getting blood on their hands. For example, the German resident who revealed the hiding place of Jews resulting in them being placed on a truck was far removed from concentration camp activities. The German truck driver who transported the Jewish people to the train station did not operate the locomotive that carried them to Auschwitz. The conductor who guided the train filled with Jewish people to Auschwitz did not turn on the gas chambers. Attention was drawn away from the outcome and the activities were made to be more procedural. The tasks were broken into routines which adiaphorized the process. As Bauman explained, 'the actors seldom face the moment of choice and gaze at the ['unanticipated'] consequences of their deeds'.<sup>179</sup> The strategy was to take away the moral significance.

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<sup>177</sup> "Poll: 77% of Americans Support Ban on Sex-Selective Abortion." Charlotte Lozier Institute. May 17, 2012. Accessed May 04, 2019. <https://lozierinstitute.org/poll-77-americans-support-ban-sex-selective-abortion/>.

<sup>178</sup> Bauman, Zygmunt. *Modernity and the Holocaust*, Polity Press, 1992. ProQuest Ebook Central, <https://ebookcentral.proquest.com/lib/jhu/detail.action?docID=1207766>.

<sup>179</sup> Ibid, 168.

One day after the Roe v. Wade ruling, Karl Hubenthal, cartoonist for the Herald Examiner drew an older adult in a wheelchair looking at handwriting on the wall. To clarify, the phrase ‘handwriting on the wall’ was written on the wall.<sup>180</sup>

“There is no further need for "Euthanasia Society of America" (or its successors) as the National Hospice & Palliative Care Organization has now been fully infiltrated by the euthanasia industry and is carrying on its work.”<sup>181</sup>

The common thread throughout the chapters is semantics and how changes in word meaning portends the sense that the right hand does not know what the left is doing. Consider the following and try to decipher<sup>182</sup>:

- Kidnapping of Nigerian girls by Boko Haram *or* careful selection of girls for arranged marriages
- A woman’s right to choose *or* mass murder
- Honor killings *or* display of religion in action<sup>183</sup>
- An abortion clinic *or* a crematorium
- Advancing child prostitution *or* artistic, dance documentary (*Netflix 2020*)
- Late term abortion *or* infanticide
- Dr. Kevorkian – helper *or* serial killer

It would be too subjective and naïve to qualify these current and futuristic examples as extreme. Eventually, unique locutions are reasonably reconstructed and collectively

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<sup>180</sup> Parshall, Janet. (2020, September 15). In Death on Demand: Spiritual State of the Union. In the Marketplace with Janet Parshall [Radio Broadcast]

<sup>181</sup> Ahmed, Masud, Md Manowarul Islam, Nadeem Parvez Ali, Azizun Nessa, and Kamal Krishna Karmakar. (2012). Palliative Care: Our Moral Obligation. 52-55. doi:10.3329/jdnmch.v17i2.12219.

<sup>182</sup> Tucker KL, & Steele FB. (2007). Patient choice at the end of life: getting the language right. *Journal of Legal Medicine*, 28(3), 305. <https://doi-org.proxy1.library.jhu.edu/10.1080/01947640701554427>

<sup>183</sup> Prager, Dennis. (2013). A Response to Richard Dawkins. *StackPath*. Retrieved on June 25, 2019. <https://www.dennisprager.com/a-response-to-richard-dawkins-2/>.



adopted into culture as common parlance. A better way to describe this is neologism – the truth we want to exist (Merriam-Webster).

It is quite difficult to pinpoint the exact point in time when these slopes began to appear. Who or what greased it to cause a slippery path and how far will semantics take us? To paraphrase Leon Kass, questions that are unfathomable today should be taken seriously because they may become in serious question tomorrow.<sup>184</sup>

Society has invented terminology that pretends to be technical. Science helps to illuminate moral choices that are blurred by semantics. It does not dictate what moral choices about death should be made but clarifies them. The convergence of science and morality is necessary to re-establish the truth behind both procedures and consequences.

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<sup>184</sup> Kass, L. (1985). *Toward a more natural science: biology and human affairs*. New York: Free Press.

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# Curriculum Vitae

## Employment

Ladisa Onyiliogwu is the Director for the Department of Senior Services, Fulton County Government and has over 15 years of leadership experience in the public and nonprofit sectors. She brings an ability to transform concepts into a reality while leading positive, cultural changes within organizations. During her tenure with the County in various capacities, she has led pivotal strategic planning efforts, created process improvement frameworks for multiple departments and has garnered a reputation for simplifying complex issues. Ladisa leads over 120 employees, manages a \$23 million budget and employs internal systems that will ensure the organizational and performance health of the Department.

## Publications/Books

Onyiliogwu, L. (2020, Fall). Do Virtual Senior Programs Really Work? Retrieved from [https://www.gacountygovernment-digital.com/acgq/0320\\_fall\\_2020/MobilePagedArticle.action?articleId=1628563#articleId1628563](https://www.gacountygovernment-digital.com/acgq/0320_fall_2020/MobilePagedArticle.action?articleId=1628563#articleId1628563)

Onyiliogwu, L. (2014). Cleave Notes on Communication. Loganville, GA: The GoodLife Series.

## Certifications

Lean Six Sigma Green Belt Certification, 2018

Certified Public Manager through the Carl Vinson Institute, September 2017

American Society on Aging Leadership Institute Certification, 2017

## Professional Affiliations

RCMAR advisory committee member (Resource Center for Minority Aging Research)

Aging in America Conference Co-Chair, 2020

Georgia Senior Hunger Summit Co-Chair, 2020

## Education

Clark Atlanta University ▪ Atlanta, Georgia ▪ Bachelor of Science, Chemistry 1997